



DIRES

Diabetes Information, Referral & Education Specialist Services Training

REGISTRATION FORM

Name _____
Title _____
Agency _____
Address _____
City / State / Zip _____

Home Address _____
City / State / Zip _____

Home Phone _____
Work Phone _____
Fax _____
Cell _____
Email _____

Age _____
Date of Birth _____
Nationality _____

Do you speak a language other than English? ☐ Yes ☐ No
If yes, please list: _____

Register by August 25th for the upcoming training!

**Training begins Saturday, September 9, 2006
At the AARP State Office in Providence, RI**

Please return your completed registration form and a copy of your diploma or GED certificate to:

Maria M. Matias
Diabetes Prevention and Control Program
Rhode Island Department of Health
3 Capitol Hill, Room 409, Providence, RI 02908
Phone: (401) 222-7623 Fax: (401) 222-4415 E-mail: MariaM@doh.state.ri.us